Fill in this information to identify you	ır case:	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this amended fili

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

P	art 1: Identify Yourself		
1.	Your full name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
	Write the name that is on your	Krystle	
	government-issued picture identification (for example,	First Name	First Name
	your driver's license or	S Middle Name	Middle Name
	passport).	Servick	Wildlife Hallife
	Bring your picture identification to your meeting	Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>4</u> <u>7</u> <u>7</u> <u>3</u>	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number (ITIN)	9xx - xx	9xx - xx
4.	Any business names and Employer	✓ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	Identification Numbers (EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and	Business name	Business name
	doing business as names	Business name	Business name

Debtor		1 s Doc 1 Filed 03/05/16 Entered	03/05/16 11:41:35 Desc Main
	First Name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
		EIN	EIN — — — — — — — —
			EIN
5. WI	nere you live		If Debtor 2 lives at a different address:
		1000 W. 18th St	
		Number Street Apt 2N	Number Street
		Αρι 211	
		Broadview IL 60155	
		City State ZIP Code	City State ZIP Code
		Cook County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.
		1000 W. 18th St Number Street	Number Street
		Apt 2N	-
		P.O. Box Broadview IL 60155	P.O. Box
		City State ZIP Code	City State ZIP Code
	ny you are choosing	Check one:	Check one:
	nkruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
Part	2: Tell the Court	About Your Bankruptcy Case	
Ва	e chapter of the inkruptcy Code you	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top o	lotice Required by 11 U.S.C. § 342(b) for Individuals Filinf page 1 and check the appropriate box.
	e choosing to file der	Chapter 7	
		— Chapter 11	
		Chapter 12	
		☐ Chapter 13	

Deb	tor 1 Case 16-07681	s Doc 1	Filed 03/05/16 Servick Document	Entered 03/	05/16 11 Snumber (if kr	:41:35	Desc Main
	First Name	Middle Name	DVasHlane III	raye s or so	,		
8.	How you will pay the fee	court pay v	pay the entire fee when for more details about ho with cash, cashier's check, lf, your attorney may pay to	w you may pay. Ty or money order. If	pically, if you a your attorney	are paying the is submitting	ne fee yourself, you may g your payment on your
			d to pay the fee in instal duals to Pay Your Filing F				ttach the Application for
		By la than fee ir	uest that my fee be waive w, a judge may, but is not 150% of the official pover a installments). If you cho y Fee Waived (Official For	required to, waive y ty line that applies t ose this option, you	your fee, and rooyour fee, and rooyour family something to must fill out to	may do so or size and you he Applicatio	nly if your income is less are unable to pay the
9.	Have you filed for	☑ No					
	bankruptcy within the last 8 years?	☐ Yes.					
		District _		W	/hen	Cas	e number
					MM / DD /	YYYY	
		District _		W	/hen MM/DD/	Cas	e number
		District _			/hen	Cas	e number
10.	Are any bankruptcy cases pending or being filed by a spouse who is	✓ No Yes.			MM / DD /	YYYY	
	not filing this case with you, or by a business	Debtor _			Rel	ationship to	you
	partner, or by an	District		W	/hen	Cas	e number,
	affiliate?	_		_	MM / DD /	YYYYY if kn	own
		Debtor _			Rel	ationship to	you
		District _		W	/hen MM/DD/	Cas YYYYY if kn	e number,own
11.	Do you rent your residence?	✓ No. ☐ Yes.	Go to line 12. Has your landlord obtain residence?	ed an eviction judg	ment against	you and do y	ou want to stay in your
			No. Go to line 12.Yes. Fill out Initial	Statement About ar	n Eviction Jud	gment Again	st You (Form 101A)

and file it with this bankruptcy petition.

Deb	First Name N	liddle N	lame	Filed 03/05/16 Document	Entered 03/05/16 12 Page 4 of 30 number (if i	1:41:35 (nown)	Desc Main
Pa	Report About Ar	ıy Bı	usine	esses You Own as a	Sole Proprietor		
12.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4. Name and location of bus	siness		
	A sole proprietorship is a			Name of business, if any			
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Number Street			
	If you have more than one			City		State	ZIP Code
	sole proprietorship, use a separate sheet and attach it			·	oox to describe your business:	State	Zii Oode
	to this petition.			Health Care Busine Single Asset Real I Stockbroker (as de	ess (as defined in 11 U.S.C. § 10 Estate (as defined in 11 U.S.C. § fined in 11 U.S.C. § 101(53A)) (as defined in 11 U.S.C. § 101(6	§ 101(51B))	
	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>	can mos	set ap	ppropriate deadlines. If you	ne court must know whether you but indicate that you are a small be ent of operations, cash-flow state exist, follow the procedure in 11	ousiness debtement, and fe	or, you must attach your deral income tax return
	debtor?	$\overline{\mathbf{A}}$	No.	I am not filing under Cha	apter 11.		
	For a definition of small business debtor, see		No.	I am filing under Chapte the Bankruptcy Code.	r 11, but I am NOT a small busir	ness debtor a	ccording to the definition in
	11 U.S.C. § 101(51D).		Yes.	. I am filing under Chapte Bankruptcy Code.	r 11 and I am a small business o	debtor accord	ling to the definition in the
Pa	Report If You Ov	vn o	r Hav	ve Any Hazardous Pr	operty or Any Property	That Needs	s Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		No Yes.	. What is the hazard?			
				If immediate attention is	needed, why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	Number Street		

City

State

ZIP Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□lan	n not require	ed to receive	a briefing a	about
		ng because o		

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not	required	to receive	a briefin	g about
credit co	ounseling	because o	of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

				1				
16.	What kind of debts do you have?	 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. ✓ Yes. Go to line 17. 						
			•					debts that you incurred to obtain e business or investment.
		16c. Sta	ate the type of debts yo	ou ow	e that are not consu	mer or busi	ness	s debts.
17.	Are you filing under Chapter 7?	✓ No.	I am not filing under	Chap	oter 7. Go to line 18			
	Do you estimate that after any exempt property is excluded and	☐ Yes.	-	•	•		•	xempt property is excluded and to distribute to unsecured creditors?
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?		□ No □ Yes					
18.	How many creditors do you estimate that you owe?	7 1-49 50-99 100-	199		1,000-5,000 5,001-10,000 10,001-25,000			25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	\$50,0	50,000 001-\$100,000 0,001-\$500,000 0,001-\$1 million		\$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50	nillion million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	\$50,0 \$100	50,000 001-\$100,000 0,001-\$500,000 0,001-\$1 million		\$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50	million million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
P	art 7: Sign Below							
For	you	I have exa		nd I de	eclare under penalty	of perjury	that	the information provided is true
		or 13 of ti		•				f eligible, under Chapter 7, 11, 12, der each chapter, and I choose to
		If no attorney represents me and I did not pay or agree to pay someone who is an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		connectio	-	ise ca	an result in fines up	•	_	money or property by fraud in imprisonment for up to 20 years,
		X <u>/s/</u> Kr	ystle S Servick			х		
			S Servick, Debtor 1			Signatu	re of	Debtor 2
		Executed on 03/05/2016 MM / DD / YYYY				Executed on		

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Robert J. Adams & Associates	D	ate	03/05/2016	
Signature of Attorney for Debtor			MM / DD / YYYY	
Robert J. Adams & Associates Printed name				
Robert J Adams & Associates Firm Name				
901 W Jackson Suite 202				
Number Street				
Chicago	IL		60607	
City	State		ZIP Code	
Contact phone (312) 346-0100	Email address			
0013056			_	
Bar number	State		_	

			Do	<u>rument</u> Page	<u>8 of 50</u>	
F	ill in this inf	ormation to i	dentify your case			
D	ebtor 1	Krystle	S	Servick		
		First Name	Middle Name	Last Name		
	ebtor 2 spouse, if filing)	First Name	Middle Name	Last Name		
Uı	nited States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS		
	ase number known)				<u> </u>	if this is an
					ameno	led filing
Of	ficial Form	106A/B				
Sc	hedule A/	B: Propert	y			12/15
the filin she	asset in the ca ng together, bo net to this form	ategory where y th are equally re . On the top of a	ou think it fits best. B esponsible for supplyi any additional pages,	e as complete and accu ng correct information. write your name and ca	If an asset fits in more than one ca rrate as possible. If two married po If more space is needed, attach a se number (if known). Answer eve Real Estate You Own or Have	eople are separate ery question.
						an moreoun
1.	•	, ,	al or equitable interest	in any residence, buildi	ing, land, or similar property?	
	✓ No. Got	io Part 2. here is the proper	rty?			
2.		-	•	of your entries from Parite that number here		\$0.00
				ne that hamber here		
Р	art 2: De	scribe Your \	/ehicles			
	-		•	- ·	they are registered or not? Include e G: Executory Contracts and Unexpi	•
3.	Cars, vans, tr	rucks, tractors,	sport utility vehicles, r	notorcycles		
	✓ No ☐ Yes					
4.					ther vehicles, and accessories obiles, motorcycle accessories	
5.		-	•	of your entries from Par ite that number here		\$0.00
Р	art 3: De	scribe Your F	Personal and Hous	sehold Items		
Do	you own or ha	ve any legal or	equitable interest in ar	ny of the following items	5?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	_	oods and furnis	hings furniture, linens, china,	kitchenware		
	□ No	a, 51 appliations, 1				
	ш	cribe Four r	ooms of furniture o	f various ages		\$170.00

Official Form 106A/B Schedule A/B: Property page 1

Deb		ase 16-07 Krystle	7681 s		Filed 03/05/16 D setvinal ent	6 Entered 03/05/16 11:41:35 Page 9 06:50 Page (if known)	Desc Main
		First Name	N	1iddle Name	Last Name		
7.		s: Televisions				al equipment; computers, printers, scanners; ones, cameras, media players, games	
	☐ No ✓ Yes.	Describe	Cell ph	none, TV, aı	nd other various ite	ems	\$200.00
8.			_		•	rk; books, pictures, or other art objects; ons, memorabilia, collectibles	
	✓ No ☐ Yes.	Describe					
9.			otographi	ic, exercise, a	and other hobby equipols; musical instrumer	ment; bicycles, pool tables, golf clubs, skis;	
	_	Describe					
10.			es, shotg	uns, ammuni	tion, and related equip	oment	
	✓ No ☐ Yes.	Describe					
11.	Clothes Example	s: Everyday c	clothes, f	urs, leather c	oats, designer wear, s	hoes, accessories	
	☐ No ✓ Yes.	Describe	Clothir	ng			\$200.00
12.	Jewelry Example	es: Everyday je gold, silver	•	ostume jewel	ry, engagement rings,	wedding rings, heirloom jewelry, watches, gems	;,
	✓ No ☐ Yes.	Describe					
13.		n animals s: Dogs, cats	, birds, h	orses			
	✓ No ☐ Yes.	Describe					
14.	Any other	-	nd hous	ehold items	you did not already li	ist, including any health aids you	
	_	Give specific					
15.						g any entries for pages you have	\$570.00
Pa	art 4:	Describe	Your F	inancial A	ssets		
Doy	you own	or have any le	egal or e	quitable inte	rest in any of the foll	owing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you petition	have in	your wallet, i	n your home, in a safe	deposit box, and on hand when you file your	
	☐ No Yes.					Cash:	\$80.00

Dob	Case 16-07681 DOC1 Filed 03/05/16 Entered 03/05/16 11:41:35 Desc Ma htor 1 Krystle s DoSetMas t Page 10 offa50umber (if known)	ın
Deb	tor 1 Krystle S DOSEMMENT Page IV Offase Unumber (if known)	
17.	Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.	
	□ No ☑ Yes Institution name:	
	17.1. Checking account: Checking account with Chase	\$150.00
18.	Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts	
	✓ No Yes Institution or issuer name:	
19.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture	
	No Yes. Give specific information about them	
20.	Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.	
	✓ No Yes. Give specific information about them	
21.	Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	 No ✓ Yes. List each account separately. Type of account: Institution name: 	
	401(k) or similar plan: 401(k) or similar plan	\$500.00
22.	Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others	
	☑ No	
23.	Yes	
	✓ No ☐ Yes Issuer name and description:	
24.	Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	
	 ✓ No ☐ Yes	
25.	Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit	
	✓ No Yes. Give specific information about them	
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual property; Examples: Internet domain names, websites, proceeds from royalties and licensing agreements	
	✓ No ☐ Yes. Give specific information about them	

Deb		Case 16-07681 Krystle First Name	Doc 1 s	Filed 03/05/16 DoServicent Last Name	Entered 03/05/16 Page 11 of 50 umbe		
27.	Licens	es, franchises, and o					
	Examp No Pe	les: Building permits,	-	_	tion holdings, liquor license	s, professional lice	nses
Mor		roperty owed to you	?				Current value of the
	,	, , ,					portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to you					
	□ No ✓ Ye		nation Feder a	al: Anticipated tax re	fund. Amt: \$2,500.00	Federa	al: \$2,500.00
	_ abo	out them, including wha already filed the retu	ether			State:	\$0.00
	-	d the tax years				Local:	\$0.00
29.		support					
	Examp ✓ No	·	sum alimony, s	spousal support, child su	pport, maintenance, divorce	settlement, proper	ty settlement
		s. Give specific inforr	nation			Alimony:	\$0.00
						Maintenance:	\$0.00
						Support:	\$0.00
						Divorce settlemen	
						Property settleme	nt: \$0.00
30.		compensation, S	sability insuran		enefits, sick pay, vacation p u made to someone else	ay, workers'	
	☐ Ye	s. Give specific inforr	nation				
31.	Examp	•		e; health savings accou	nt (HSA); credit, homeowner	's, or renter's insur	ance
	cor	s. Name the insurance mpany of each policy d list its value		name:	Beneficiary:	S	surrender or refund value:
32.	If you a		ı living trust, exp	•	died insurance policy, or are cur	rently	
	✓ No ☐ Ye	s. Give specific inforr	nation				
33.	Examp	les: Accidents, emplo		ot you have filed a law , insurance claims, or rig	suit or made a demand for hts to sue	payment	
	✓ No	s. Describe each clai	m				
34.		contingent and unliq to set off claims	uidated claims	of every nature, include	ing counterclaims of the d	ebtor and	
	✓ No	s. Describe each clai	m				
35.	Any fir	nancial assets you di	d not already l	ist			
	✓ No	s. Give specific inforr	mation				

Debt	tor 1	Krystle First Name	S Middle Name	DOSetnitent Last Name	Page 12 ofa50 umber	(if known)	
36.			•	-	any entries for pages you ha	_	\$3,230.00
Pa	art 5:	Describe Ar	ny Business-Ro	elated Property You	Own or Have an Interes	st In. List any	real estate in Part 1.
37.	Do you	own or have a	iny legal or equita	ble interest in any busir	ess-related property?		
	ب	. Go to Part 6. s. Go to line 38					
							Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accou	nts receivable	or commissions y	ou already earned			
	✓ No	s. Describe					
39.		les: Business-re	nishings, and sup elated computers, s irs, electronic devices	software, modems, printer	s, copiers, fax machines, rugs,	telephones,	
	✓ No ☐ Yes	s. Describe					
40.	Machir	nery, fixtures, e	quipment, supplie	es you use in business,	and tools of your trade		
	✓ No	s. Describe					
41.	Invento	ory					
	✓ No	s. Describe					
42.	Interes	ts in partnersh	ips or joint ventu	res			
	✓ No		Name of entity:		ç	% of ownership:	
43.	Custor	ner lists, mailin	g lists, or other c	ompilations			
	✓ No ☐ Yes		-	lly identifiable informati	on (as defined in 11 U.S.C. § 1	01(41A))?	
44.	Any bu	— Isiness-related	property you did	not already list			
	✓ No	s. Give specific	information.				
45.			-		any entries for pages you ha	_	\$0.00
Pa				commercial Fishingst in farmland, list it in	Related Property You O Part 1.	wn or Have a	n Interest In.
46.	Do you	own or have a	ny legal or equita	ble interest in any farm-	or commercial fishing-relate	d property?	
	ب	. Go to Part 7. s. Go to line 47					

Deb	Case 16-07681 Doc 1 Filed 03/05/16 Entered 03/05/16 11:41:3 otor 1 Krystle S Doserningent Page 13 Offa 50 Jumber (if known) First Name Middle Name Last Name	B5 Desc Main
		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm animals Examples: Livestock, poultry, farm-raised fish	
	✓ No Yes	
48.	Cropseither growing or harvested	
	✓ No Yes. Give specific information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	✓ No ☐ Yes	
50 .	Farm and fishing supplies, chemicals, and feed	
	☑ No ☐ Yes	
51.	Any farm- and commercial fishing-related property you did not already list	
	✓ No Yes. Give specific information	
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	→ \$0.00
P	art 7: Describe All Property You Own or Have an Interest in That You Did Not List Al	bove
53.	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership	
	✓ No✓ Yes. Give specific information.	
54.	Add the dollar value of all of your entries from Part 7. Write that number here	→ \$0.00

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Page 14 of 50 umber (if known) **Krystle** Do**Service**nt Debtor 1

Middle Name

List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2..... \$0.00 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$570.00 58. Part 4: Total financial assets, line 36 \$3,230.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 \$0.00 61. Part 7: Total other property not listed, line 54 Copy personal 62. Total personal property. Add lines 56 through 61..... \$3,800.00 \$3,800.00 property total

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$3,800.00

Fill in this inf	ormation to ider			
Debtor 1	Krystle	S	Servick	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the	Check if this is an		
Case number (if known)				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Р	and the Identify the Property You Cla	aim as Exempt					
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B th	nat you claim as exen	npt, fill in the information I	pelow.			
	ef description of the property and line on nedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Check only one box for each exemption				
Fo	ef description ur rooms of furniture of various ages e from Schedule A/B:6	\$170.00	\$170.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)			
Ce	of description II phone, TV, and other various items the from <i>Schedule A/B</i> :7	\$200.00	\$200.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)			
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/16 and every 3 yr) No	years after that for cas	ses filed on or after the date	,			

Debtor 1

Krystle S
First Name Middle Name

Document Servick Last Name Page 16 of 50 Case number (if known)

\$2,500.00

100% of fair market value, up to any

applicable statutory

735 ILCS 5/12-1001(b)

Part 2: **Additional Page** Brief description of the property and line on Current value of Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description \$200.00 \$200.00 735 ILCS 5/12-1001(a), (e) $oldsymbol{
abla}$ Clothing 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description \$80.00 \$80.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Cash 100% of fair market value, up to any Line from Schedule A/B: 16 applicable statutory limit Brief description \$150.00 735 ILCS 5/12-1001(b) \checkmark \$150.00 **Checking account with Chase** 100% of fair market value, up to any Line from Schedule A/B: 17.1 applicable statutory limit Brief description \$500.00 \$500.00 735 ILCS 5/12-1006 $\sqrt{}$ 401(k) or similar plan 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit

\$2,500.00

 $\overline{\mathbf{Q}}$

limit

Brief description

Anticipated tax refund

Line from Schedule A/B:

28

Fill in this inf	ormation to i					
Debtor 1	Krystle	S	Servick			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS						
Case number (if known)				☐ Check if this is an		
(II KIIOWII)				amended filing		

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1.	Do any	creditors	have	claims	secured	by	your	prope	rty?
• •	Doung	or cartor 5	iiu v c	oiuiiiio	occur cu	~,	y ou.	pi opci	чу.

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A

Amount of claim

Do not deduct the value of collateral

Column B
Value of collateral
that supports this
claim

Column C
Unsecured
portion
If any

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

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Fill in this inf	formation to i						
Debtor 1	Krystle First Name	S Middle Name	Servick Last Name	_			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS							
Case number (if known)					Check if this is an amended filing		

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1:	List All of	Your PRIORITY	I Insecured	Claims
Fail I.	LIST All OI	TOUL PRIORITI	unsecurea	Ciaiiiis

1.	Do any creditors have priority unsecured claims against you?				
	☐ No. Go to Part 2.				
	✓ Yes.				

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

		Total claim	Priority amount	Nonpriority amount
2.1		\$3,100.00	\$3,100.00	\$0.00
Robert J Adams & Associates Priority Creditor's Name 901 W Jackson, Suite 202 Number Street	Last 4 digits of account number When was the debt incurred? 03	/05/2016		
Chicago IL 60607 City State ZIP Code	 As of the date you file, the claim is: Contingent Unliquidated Disputed 	Check all that app	ly.	
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes	Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you □ Claims for death or personal injury intoxicated □ Other. Specify Attorney fees for this case	ı owe the governm	ent	

Case 16-07681 Doc 1 Filed 03/05/16 Entered 03/05/16 11:41:35 Desc Main Page 19 of 50 Case number (if known) S Debtor 1 First Name Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with you other schedules. Yes $\overline{\mathbf{Q}}$ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2. Total claim 4.1 \$2,358.00 Last 4 digits of account number 1st Financial Bank USA Nonpriority Creditor's Name When was the debt incurred? P.O.Box 1050 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated П Disputed **North Sioux City** SD 57049-1050 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No \square Yes 4.2 \$5,586.00 **AES** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 2461 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Harrisburg PA 17102-2461 Citv State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only \square Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

✓ No ☐ Yes

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Other. Specify

Other

Debts to pension or profit-sharing plans, and other similar debts

Krystle First Name

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Debtor 1

s Middle Name Last Name

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number ther previous page.	m sequentially from the	Total claim
4.3 Capital One Bank (USA), NA Nonpriority Creditor's Name	_ Last 4 digits of account number 3 3 1 5 When was the debt incurred?	\$406.00
PO Box 5294 Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Carol Stream City State Check one. ☐ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ☐ Yes	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card	
4.4 CNAC-MI 105 Nonpriority Creditor's Name 3227 Westnedge Ave Number Street	Last 4 digits of account number 9 0 5 2 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$7,203.00
Kalamazoo MI 49008 City State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Auto loan	
No Yes 4.5 FST Financial Bank USA Nonpriority Creditor's Name 363 W Archer Dr Number Street	Last 4 digits of account number 4 4 9 0 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent	\$2,358.00
Dakota Dunes City State ZIP Code Who incurred the debt? Check one. ☐ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ☑ No Yes	Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	

Debtor 1

Krystle

s

Document

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First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
4.6	Lock A digita of account number	\$5,928.00
IL Student Assist Comm Nonpriority Creditor's Name	Last 4 digits of account number	
1755 Lake Cook Rd	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	□ Disputed	
Deerfield IL 60015-5215		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Student loan	
Is the claim subject to offset?		
☑ No		
Yes		
4.7		¢c 004 00
	Look A divite of account number	\$6,091.00
IL Student Assist Comm Nonpriority Creditor's Name	Last 4 digits of account number	
1755 Lake Cook Rd	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	□ Disputed	
Deerfield IL 60015-5215		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Student loan	
Is the claim subject to offset?		
☑ No		
Yes		
4.8		¢ E co2 co
	Look A divite of account number	\$5,693.00
IL Student Assist Comm Nonpriority Creditor's Name	Last 4 digits of account number	
1755 Lake Cook Rd	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	□ Disputed	
Deerfield IL 60015-5215		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Student loan	
Is the claim subject to offset?		
☑ No		
Yes		

Debtor 1

Krystle First Name

s

Middle Name Last Name

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Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9	Lock 4 digits of account number	\$3,622.00
IL Student Assist Comm Nonpriority Creditor's Name	Last 4 digits of account number	
1755 Lake Cook Rd	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
-	Disputed	
Deerfield IL 60015-5215 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	☐ Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
☐ Check if this claim is for a community debt	Student loan	
Is the claim subject to offset?		
No Vas		
Yes 4.10		\$2.717.00
	Last 4 digits of account number	ΨΖ,/1/.00
IL Student Assist Comm Nonpriority Creditor's Name		
1755 Lake Cook Rd	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
Deerfield IL 60015-5215 City State ZIP Code	· · · · · · · · · · · · · · · · · ·	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Student loan	
Is the claim subject to offset?		
No Yes		
Yes		
4.11		\$5,000.00
Illinois Tollway	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? various	
2700 Ogden Avenue		
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
Downers Grove IL 60515 City State ZIP Code	Toward NONDRODITY	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Other	
Is the claim subject to offset?		
☑ No □ Yes		
□ '**		

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Debtor 1

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them previous page.	n sequentially from the	Total claim
Pinnacle Credit Services Nonpriority Creditor's Name P.O.Box 640 Number Street Hopkins MN 55343	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$1,483.00
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Collecting for -	
4.13 Security Credit Services LLC Nonpriority Creditor's Name 2623 W Oxford Loop Number Street	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent	\$5,291.00
Oxfor MS 38655 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Other	
Yes 4.14 US Dept of Education Nonpriority Creditor's Name P.O Box 5609 Number Street	Last 4 digits of account number 6 1 0 5 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$6,469.00
Greenville TX 75403 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Student loan	

Debtor 1

Krystle First Name

s

Middle Name Last Name Page 24 of 50 Case number (if known)

Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
4.15		\$6,195.00
US Dept of Education	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O Box 5609 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
	Disputed	
Greenville TX 75403 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Student loan	
Is the claim subject to offset?		
✓ No		
Yes		
4.16		\$7,183.00
US Dept of Education	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O Box 5609 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
	Disputed	
Greenville TX 75403		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another		
☐ Check if this claim is for a community debt	Student loan	
Is the claim subject to offset?	Ottacht Idah	
✓ No		
Yes		
4.17		\$7,166.00
US Dept of Education	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O Box 5609 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	Unliquidated	
	Disputed	
Greenville TX 75403		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Student loan	
Is the claim subject to offset?		
✓ No		
Yes		

Debtor 1

Krystle First Name

s

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Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number them previous page.	sequentially from the	Total claim
4.18		\$23,616.00
US Dept of Education	Last 4 digits of account number	
Nonpriority Creditor's Name P.O Box 5609	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Greenville TX 75403	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
	Student loan	
Is the claim subject to offset? ✓ No		
☑ No □ Yes		
4.19		\$7,503.00
US Dept of Education	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O Box 5609		
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
	Disputed	
Greenville TX 75403 City State ZIP Code	T (NONDRIGHTY)	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 only	Student loans Obligations origing out of a congretion agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Student loan	
Is the claim subject to offset?		
☑ No		
Yes		
4.20		\$29,957.00
US Dept of Education	Last 4 digits of account number	Ψ23,331.00
Nonpriority Creditor's Name	When was the debt incurred?	
P.O Box 5609	As of the date you file, the claim is: Check all that apply.	
Number Street	Contingent	
	☐ Unliquidated	
	Disputed	
Greenville TX 75403 City State ZIP Code	Turns of NONDRIODITY unressured at the	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Student loan	
Is the claim subject to offset?		
<u>M</u> No		
Yes		

Debtor 1

Krystle s Document Page 26 of 50 Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
US Dept of Education Nonpriority Creditor's Name P.O Box 5609	Last 4 digits of account number	\$21,712.00
Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Greenville City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Student loan	
▼ No Yes		

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Debtor 1

Part 4:

S

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First Name Middle Name Last Name

Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. _	\$3,100.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$3,100.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. -	\$163,537.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$163,537.00

Fill in this information to identify your case:						
Debtor 1	Krystle	S	Servick			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing	g) First Name	Middle Name	Last Name			
United States B	ankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	3		
Case number						
(if known)						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1.	Do you have any executory contracts or unexpired leases?
	No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
	Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B)

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

	Case	10-07081		03/05/10	Page 29 of	50 50	41.33	Desc Mail	ı
Fill in	this inf	ormation to i	dentify your case	:					
Debtor	1	Krystle First Name	S Middle Name	Servick Last Name					
Debtor (Spous	_	First Name	Middle Name	Last Name					
United	States Ba	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF I	LLINOIS				
Case no							_	ck if this is an nded filing	
Officia	ıl Form	106H							
Sched	dule H	Your Code	ebtors						1
two marı needed,	ried peop copy the	le are filing toge Additional Page	who are also liable for ther, both are equally , fill it out, and numbe al Pages, write your n	responsible for er the entries in	or supplying con the boxes on t	rect information ne left. Attach th	. If more s le Addition	space is nal Page to this	
1. Doy	you have No Yes	any codebtors?	(If you are filing a jo	int case, do not	list either spouse	as a codebtor.)			

include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No ☐ Yes

In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

2/15

Check all schedules that apply:

		Doci	ıment Pa	ae 30	0 of 50		
Fill in this inform	ation to identify	your case:					
Debtor 1	Krystle	S	Servick				
	First Name	Middle Name	Last Name			Che	eck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				An amended filing
			DISTRICT OF IL	LINOL			A supplement showing postpetition
United States Bankro Case number	upicy Court for the:	NORTHERN	DISTRICT OF IL	LINO			chapter 13 income as of the following date
(if known)				_			MM / DD / YYYY
00000	01						IVIIVI / BB / TTT
Official Form 10							
Schedule I: You	ur Income						12/1:
about your spouse. If your name and case n	more space is nee	ded, attach a se Answer every o	eparate sheet to th				ou, do not include information any additional pages, write
1. Fill in your employ	yment		Debtor 1				Debtor 2 or non-filing spouse
If you have more th			_				<u>_</u>
job, attach a separa with information ab		yment status	✓ Employed Not employed	ed			☐ Employed ☐ Not employed
additional employe	rs. Occup	ation	Radiologist Ai				
Include part-time, s	_	4	<u>rtaarorograt 7 ii</u>	<u></u>			
or self-employed w	ork. Emplo	yer's name	Rush Medical	Cente	r		
Occupation may in	pv	yer's address	1725 W. Harris	son			
student or homema applies.	aker, if it		Number Street				Number Street
211			Chicago, IL				_
			City	;	State Zip Co	de	City State Zip Code
	How Id	ong employed t	here? <u>1 year</u>				
							·
Part 2: Give D	etails About Mo	nthly Incom	е				
Estimate monthly inco			n. If you have noth	ing to r	eport for an	y line	e, write \$0 in the space. Include your
.	spouse have more t	han one employ	er, combine the info	ormatio	n for all emp	oloye	rs for that person on the lines below. If
	·			 -	For Debtor	1	For Debtor 2 or non-filing spouse
	s wages, salary, ar . If not paid monthly			2.	\$2,54 1	1.04	
3. Estimate and list	monthly overtime p	ay.		3. +	\$0	0.00	
4. Calculate gross ir	ncome. Add line 2	+ line 3.		4.	\$2,541	.04	

Official Form 106l Schedule I: Your Income page 1

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Debtor 1 Krystle

S

Document

First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here \$2,541.04 List all payroll deductions: \$449.38 5a. Tax, Medicare, and Social Security deductions 5a. \$0.00 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c. \$76.22 \$0.00 5d. Required repayments of retirement fund loans 5d. 5e. Insurance 5e. \$339.95 \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. 5h. Other deductions. 5h. + \$0.00 Specify: Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + \$865.55 5g + 5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. \$1,675.49 List all other income regularly received: 8a. Net income from rental property and from operating a \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends \$0.00 8c. Family support payments that you, a non-filing spouse, or a \$0.00 8c. dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation b8 \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$0.00 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. 8h. 🛓 Specify: Par-time job \$400.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. \$400.00 Calculate monthly income. Add line 7 + line 9. \$2,075.49 \$2,075.49 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 Specify: 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12 \$2,075.49 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies. monthly income 13. Do you expect an increase or decrease within the year after you file this form? None. Yes. Explain:

Case 16-07681 Doc 1 Filed 03/05/16 Entered 03/05/16 11:41:35 Desc Main Page 32 of 50 Document Fill in this information to identify your case: Check if this is: An amended filing Debtor 1 Krystle Servick Middle Name First Name Last Name A supplement showing postpetition chapter 13 expenses as of the Debtor 2 following date: (Spouse, if filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: MM / DD / YYYY Case number (if known) Official Form 106J **Schedule J: Your Expenses** 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? No Dependent's relationship to Dependent's Does dependent Yes. Fill out this information \square Do not list Debtor 1 and Debtor 1 or Debtor 2 age live with you? for each dependent..... Debtor 2. No $\overline{\mathbf{Q}}$ Yes Do not state the dependents' No names. Yes No Yes Nο Yes No Do your expenses include No expenses of people other than Yes yourself and your dependents? Part 2: **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses \$935.00 The rental or home ownership expenses for your residence. 4. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

4b.

4c.

4d.

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Last Name

Debtor 1 Krystle
First Name

s

Middle Name

		Your expen	ses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$75.00
	6b. Water, sewer, garbage collection	6b	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$112.00
	6d. Other. Specify: cell phone	6d.	\$150.00
7.	Food and housekeeping supplies	7.	\$250.00
8.	Childcare and children's education costs	8.	\$200.00
9.	Clothing, laundry, and dry cleaning	9.	\$100.00
10.	Personal care products and services	10.	
11.	Medical and dental expenses	11	\$40.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$60.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14.	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	
	15d. Other insurance. Specify:	15d	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you. Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	
	20b. Real estate taxes	20b	
	20c. Property, homeowner's, or renter's insurance	20c	
	20d. Maintenance, repair, and upkeep expenses	20d	
	20e. Homeowner's association or condominium dues	20e.	

		Case	10-07081	. DOC 1	Filed 03/05/16	Page 3/	u u3/u5/16 11 1 of 50	.41.35	Desc Main
Deb	tor 1	Krystle First Name		S Middle Name	Document Servick	i age 5-	of 50 Case number	er (if knowr	n)
		FIISI Name	3	Middle Name	Last Name				
21.	Othe	er. Speci	ify:					_ 21. +	+
22.	Calc	culate you	ur monthly exp	enses.				_	
	22a.	. Add lin	es 4 through 21	l.				22a.	\$1,922.00
	22b.	. Copy li	ne 22 (monthly	expenses for D	ebtor 2), if any, from Off	ficial Form 10	6J-2.	22b.	
	22c.	. Add lin	e 22a and 22b.	The result is ye	our monthly expenses.			22c.	\$1,922.00
23.	Calc	culate you	ur monthly net	income.					
	23a.	. Copy li	ne 12 (your con	nbined monthly	income) from Schedule	l.		23a.	\$2,075.49
	23b.	. Copy y	our monthly exp	penses from line	e 22c above.			23b. -	\$1,922.00
	23c.			expenses from thly net income	your monthly income.			23c.	\$153.49
24.	Doy	you expe	ct an increase	or decrease in	your expenses within	the year afte	er you file this form?	•	
			, ,	. , .	for your car loan within t f a modification to the te	•	, , ,	tgage	
		No		_					
			plain here: one.						
			/iiG.						

		Doc	rument Page 3	25_of 50			
Fill in this information to identify your case:							
Debtor 1	Krystle First Name	S Middle Name	Servick Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS							
Case number (if known)					Check if this is an amended filing		
Official Form 106Sum							

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$3,800.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$3,800.00
Р	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$3,100.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$163,537.00
	Your total liabilities	\$166,637.00
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	. \$2,075.49
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$1,922.00

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Debtor 1 Krystle S Doserment Page 36 of 50 Jumber (if known)

First Name Middle Name Last Na

Part 4: Answer These Questions for Administrative and Statistical Records

		·			
6.	Are you	i filing for bankruptcy under Chapters 7, 11, or 13?			
	□ No ▼ Ye	. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. s			
7.	7. What kind of debt do you have?				
	ك	ur debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, nily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.			
		ur debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit is form to the court with your other schedules.			
8.		se Statement of Your Current Monthly Income: Copy your total current monthly income from Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	<u>0</u>		

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim				
From Part 4 on Schedule E/F, copy the following:					
9a. Domestic support obligations. (Copy line 6a.)	\$0.00				
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00				
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00				
9d. Student loans. (Copy line 6f.)	\$0.00				
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00				
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00				
9g. Total. Add lines 9a through 9f.	\$0.00				

Fill in this information to identify your case:					
Debtor 1	Krystle First Name	S Middle Name	Servick Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS					
Case number (if known)					Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT	an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	I the summary and schedules filed with this declaration and that they are
true and correct.	
X /s/ Krystle S Servick	X
Krystle S Servick, Debtor 1	Signature of Debtor 2
Date 03/05/2016	Date
MM / DD / YYYY	MM / DD / YYYY

				Document F	Page 38 of 50		
Fi	ll in this inf	ormation to id	entify your				
De	ebtor 1	Krystle	S	Servick			
		First Name	Middle Name	e Last Name			
	ebtor 2 pouse, if filing)	First Name	Middle Name	e Last Name			
Hr	nitad States Rai	nkruptov Court for	the NORTHE	RN DISTRICT OF IL	LINOIS		
		Tikrupicy Court for	une. MORTIL	KN DIGTRICT OF IL	LINOIS		
1	se number known)					Check if thi amended fi	
Off	icial Form	107					
Sta	atement o	f Financial	Affairs for	Individuals Fi	ling for Bankı	uptcy	12/15
corr you	ect information r name and ca	on. If more space use number (if kno	is needed, atta wn). Answer	ach a separate sheet t	o this form. On the	re equally responsible for s top of any additional pages	
	on on	re Betails Abou	at rour mar	itai Otatas ana Wi	icie i ou Liveu L		
1.	What is your ☐ Married ☐ Not marrie	current marital st	atus?				
2.	☑ No		•	here other than where		ow.	
3.	Within the las	st 8 years, did you	ever live with	a spouse or legal equ	uivalent in a commu	nity property state or territo vada, New Mexico, Puerto R	•
	✓ No ☐ Yes. Mak	se sure you fill out	Schedule H: Yo	our Codebtors (Official F	Form 106H).		
Pa	art 2: Ex	plain the Sourc	ces of Your	Income			
4.	Fill in the total If you are filing	amount of income	you received f	or from operating a but from all jobs and all bus the that you receive toge	sinesses, including pa		endar years?
	Yes. Fill i	in the details.					
			De	ebtor 1		Debtor 2	
				rces of income cck all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
	•	f the current year for bankruptcy:	ىخا	Wages, commissions, bonuses, tips	\$3,472.25	Wages, commissions, bonuses, tips	
		, -		Operating a business		Operating a business	
For	the last calend	dar year:		Wages, commissions, bonuses, tips	\$30,000.00	Wages, commissions, bonuses, tips	
(Jan	uary 1 to Dece	ember 31, <u>2015</u>)		Operating a business		Operating a business	
For	the calendar y	ear before that:		Wages, commissions, bonuses, tips	\$800.00	Use Wages, commissions, bonuses, tips	

(January 1 to December 31, 2014)

Operating a business

Operating a business

Deb	tor 1	Case 10 Krystle	6-07681 Doc 1 s	Do sernme nt	Entered 03/05/16 11:41:35 Page 39 @fa50humber (if known)	Desc Main		
		First Name		Last Name				
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.							
	List each source and the gross income from each source separately. Do not include income that you listed in line 4.							
	✓ No	s. Fill in th	ne details.					
P	art 3:	List C	ertain Payments Y	ou Made Before You	Filed for Bankruptcy			
6.	Are eit	ther Debto	r 1's or Debtor 2's debt	s primarily consumer del	ots?			
	□ No			2 has primarily consumer arily for a personal, family,	debts. Consumer debts are defined in 11 U.s or household purpose."	S.C. § 101(8) as		
		During	the 90 days before you	filed for bankruptcy, did yo	u pay any creditor a total of \$6,225* or more?			
	☐ No. Go to line 7.							
		☐ Ye	total amount you paid	that creditor. Do not inclu-	I of \$6,225* or more in one or more payments de payments for domestic support obligations, payments to an attorney for this bankruptcy ca	such as		
		* Subj	ect to adjustment on 4/0	1/16 and every 3 years afte	er that for cases filed on or after the date of adj	ustment.		
	☑ Ye	s. Debto	r 1 or Debtor 2 or both	have primarily consumer	debts.			
		During	the 90 days before you	filed for bankruptcy, did yo	u pay any creditor a total of \$600 or more?			
		☑ No	. Go to line 7.					
		☐ Ye	creditor. Do not inclu		I of \$600 or more and the total amount you pai support obligations, such as child support and this bankruptcy case.			
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony. No Yes. List all payments to an insider.							

Deb	tor 1	Ī	Krystle	S	Do Service nt		03/05/10 11.41.35 L 05a5e0humber (if known)	esc Main
8.	With		First Name year before you file	Middle Name ed for bankrupto	Last Name cy, did you make any	payments or tr	ansfer any property on account	of a debt that
			d an insider?					
		·	eayments on debts gu	uaranteed or cos	signed by an insider.			
			List all payments the	at benefited an i	nsider.			
Pa	art 4		Identify Legal A	Actions, Rep	ossessions, and I	oreclosures	S	
9.	List a	all su		g personal injury		-	court action, or administrative p , collection suits, paternity actions	<u> </u>
		No Yes.	Fill in the details.					
10.	seize	ed, c	year before you file or levied? I that apply and fill in	•		operty reposse	essed, foreclosed, garnished, a	ttached,
			Go to line 11. Fill in the informatio	n below.				
11.					otcy, did any creditor, nake a payment becau	_	nk or financial institution, set of a debt?	f any
	ين.	No Yes.	Fill in the details.					
12.				-	cy, was any of your protections of the contraction		oossession of an assignee for th	e benefit of
	☐ <i>,</i>	No Yes						
Pa	art 5		List Certain Gif	fts and Conti	ributions			
13.	With	in 2	years before you fi	led for bankrup	tcy, did you give any	gifts with a tota	al value of more than \$600 per p	erson?
	₩ I	No						
		Yes.	Fill in the details for	each gift.				
14.			years before you fil harity?	led for bankrup	tcy, did you give any	gifts or contrib	outions with a total value of more	e than \$600
	ست	No						
	<u> </u>	Yes.	Fill in the details for	each gift or con	tribution.			
Pa	art 6		List Certain Lo	sses				
15.			year before you file saster, or gambling?	-	cy or since you filed f	or bankruptcy,	did you lose anything because	of theft, fire,
		No Yes.	Fill in the details.					

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Krystle First Name S

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Debtor 1

Middle Name

Last Name

Part 7:	List Certain Payments or Transfers

16.	anyone you consul	Ited abou	t seeking ba	ptcy, did you or anyone else acting on your behalf pay nkruptcy or preparing a bankruptcy petition? preparers, or credit counseling agencies for services requires.		
	☐ No ☑ Yes. Fill in the o	details.				
	1 Debtorcc, Inc.			Description and value of any property transferred Credit Counseling	Date payment or transfer was made	Amount of payment
Nun	nber Street			_	March 4, 2016	\$14.95
City		State	ZIP Code	_		
Ema	ail or website address			_		
Pers	son Who Made the Payme	ent, if Not Y	ou	_		
Robert J. Adams & Associates Person Who Was Paid			s	Description and value of any property transferred Down payment for Chapter 13	Date payment or transfer was made	Amount of payment
_	1 W. Jackson, Ste. nber Street	202		_	March 5, 2016	\$400.00
Ch City	icago	IL State	60645 ZIP Code	_		
Ema	ail or website address			_		
Pers	son Who Made the Payme	ent, if Not Y	ou	-		
17.				ptcy, did you or anyone else acting on your behalf pay with your creditors or to make payments to your credito		erty to
	Do not include any p	payment o	r transfer tha	t you listed on line 16.		
	✓ No ☐ Yes. Fill in the o	details.				

Dala	Case 16-07681 Doc 1 Filed 03/05/16 Entered 03/05/16 11:41:35 Desc Main or 1 Krystle S Dosernitent Page 42 of 50 Jumber (if known)					
Deb	First Name Middle Name Last Name Last Name					
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?					
	Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.					
	✓ No ☐ Yes. Fill in the details.					
19.	9. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)					
	✓ No Yes. Fill in the details.					
Pa	List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units					
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?					
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.					
	✓ No Yes. Fill in the details.					
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?					
	✓ No☐ Yes. Fill in the details.					
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No					
	Yes. Fill in the details.					
Pa	rt 9: Identify Property You Hold or Control for Someone Else					
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.					
	✓ No Yes. Fill in the details.					

Debtor 1

Krystle

S

Do Seuromeent

Page 43 of 50 number (if known)

Middle Name

Part 10: **Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium,

including statutes or regulations controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Rep	
	port all notices, releases, and proceedings that you know about, regardless of when they occurred.
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?
	✓ No Yes. Fill in the details.
25.	Have you notified any governmental unit of any release of hazardous material? ✓ No ✓ Yes. Fill in the details.
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
	✓ No Yes. Fill in the details.
P	art 11: Give Details About Your Business or Connections to Any Business
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any
	business?
	business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation
	 □ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation
28.	A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.

Filed 03/05/16 Case 16-07681 Doc 1 Entered 03/05/16 11:41:35 Desc Main Page 44 of 50 number (if known) **Krystle** Do Southing nt Debtor 1 First Name Middle Name Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Krystle S Servick Krystle S Servick, Debtor 1 03/05/2016 Date Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? **☑** No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of person

Attach the Bankruptcy Petition Preparer's Notice,

Declaration, and Signature (Official Form 119).

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In	re Krystle S Servick	Case No.		
		Chapter	13	
	DISCLOSURE OF COMPENSATION	OF ATTORNEY FOR	DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certhat compensation paid to me within one year before the filing of services rendered or to be rendered on behalf of the debtor(s) in is as follows:	the petition in bankruptcy, or	agreed to be paid to me, for	
	For legal services, I have agreed to accept	<u>\$</u>	3,500.00	
	Prior to the filing of this statement I have received	<u></u>	\$400.00	
	Balance Due	\$;	3,100.00	
2.	The source of the compensation paid to me was: ☐ Other (specify)			
3.	The source of compensation to be paid to me is:			
	✓ Debtor ☐ Other (specify)			
4.	I have not agreed to share the above-disclosed compensation associates of my law firm.	on with any other person unle	ss they are members and	
	I have agreed to share the above-disclosed compensation v associates of my law firm. A copy of the agreement, togethe compensation, is attached.			
5.	In return for the above-disclosed fee, I have agreed to render leg	gal service for all aspects of th	e bankruptcy case, including:	
	a. Analysis of the debtor's financial situation, and rendering advibankruptcy;	ice to the debtor in determining	g whether to file a petition in	
	b. Preparation and filing of any petition, schedules, statements of	of affairs and plan which may b	pe required;	
	c. Representation of the debtor at the meeting of creditors and c	confirmation hearing, and any	adjourned hearings thereof;	

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/05/2016 /s/ Robert J. Adams & Associates

Date

Robert J. Adams & Associates
Robert J Adams & Associates
901 W Jackson Suite 202

Chicago, IL 60607 Phone: (312) 346-0100 / Fax: (312) 346-6228

Bar No. 0013056

/s/ Krystle S Servick

Krystle S Servick

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IN RE: Krystle S Servick CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

	The above named Debto	or hereby verifies that	at the attached list c	of creditors is true a	and correct to the	best of his/her
know	ledge.					

Date 3/5/2016	Signature //s/ Krystle S Servick Krystle S Servick
Date	Signature

1st Financial Bank USA P.O.Box 1050 North Sioux City, SD 57049-1050

AES PO Box 2461 Harrisburg, PA 17102-2461

Capital One Bank (USA), NA PO Box 5294 Carol Stream, IL 60197-5294

CNAC-MI 105 3227 Westnedge Ave Kalamazoo, MI 49008

FST Financial Bank USA 363 W Archer Dr Dakota Dunes, SD 57049

IL Student Assist Comm 1755 Lake Cook Rd Deerfield, IL 60015-5215

Illinois Tollway 2700 Ogden Avenue Downers Grove, IL 60515

Pinnacle Credit Services P.O.Box 640 Hopkins, MN 55343

Robert J Adams & Associates 901 W Jackson, Suite 202 Chicago, IL 60607

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Security Credit Services LLC 2623 W Oxford Loop Oxfor, MS 38655

US Dept of Education P.O Box 5609 Greenville, TX 75403

Document Page 50 of 50 UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Krystle S Servick

Debtor

SOCIAL SECURITY NO. xxx-xx-4773

CASE NO

CHAPTER 13

\$69.24 bi-weekly

ORDER TO EMPLOYER TO PAY THE TRUSTEE

UPON REPRESENTATIONS OF THE TRUSTEE, OR OTHER INTERESTED PARTIES, THE COURT FINDS THAT:

The above named debtor has pending in this Court a case for adjustment of debts by an individual with regular income under the provisions of Chapter 13 of Title 11 U.S.C. and pursuant to the provisions of said statute and of the debtor's plan, the debtor has submitted all of such portion of the debtor's future earnings or other future income to the supervision and control of the trustee of this Court as may be necessary for the execution of the debtor's plan; and

That under the provisions of Title 11 U.S.C., this Court has exclusive jurisdiction of all property including the earnings from such services performed by the debtor during the pendency of this case pursuant to 11 U.S.C. § 1325(b) any entity from whom the debtor receives income shall pay all or any part of such income to the trustee as may be ordered by this Court. A portion of the debtor's earnings are necessary for the execution of the debtor's plan.

NOW, THEREFORE, IT IS ORDERED that until further order of this Court or until notice that this case has been dismissed or converted to Chapter 7 of the Bankruptcy Code is received, the employer of said debtor

beginning on the next payday following the receipt of this order and deduct a similar amount for each pay period thereafter, including any

Rush Medical Center 1725 W. Harrison Chicago, IL

shall deduct from the earnings of the debtor the sum of

period for which the debtor receives periodic or lump sum payment for or on account of vacation, termination or other benefits arising out of present or past employment of the debtor. Employer shall remit forthwith the sums so deducted to the trustee appointed here or his successor in interest as follows:
IT IS FURTHER ORDERED, that said employer notify said trustee if the employment of said debtor is terminated and the reason for such termination.
IT IS FURTHER ORDERED, that all earnings and wages of the debtor, except the amounts required to be withheld by the provisions of any laws of the United States, the laws of any state or political subdivision, or by an insurance pension or union dues agreement between employer and the debtor, or by the order of this Court be paid to the aforesaid debtor in accordance with employer's usual payroll procedure.
IT IS FURTHER ORDERED, that no deductions for account of any garnishment, wage assignment, credit union or other purpose not specifically authorized by this Court be made from the earnings of the debtor.
IT IS FURTHER ORDERED, that this order supersedes any and all previous orders, if any, made to the subject employer in this cause.
Date

United States Bankruptcy Judge